SEBIAL NO. 088170 FILING DATE MULTIPLE DEPENDENT CLAIM ---FEE-CALGULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER

1st AMENDMENT 2nd AMENDMENT IND. IND. DER. ...IND..... DEP. IND. DEP. DEP. IND. DEP. IND. DEP. 11. .2 . 52 12/ 3: 4. ij., B 4, 1000 . 9 F. 37 6.5 1,71 Age 1 39 : -89 47 : 97. . 50 . IND. TOTAL BRIAL 14. TOTAL 300 (§78)

**MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

D. L. C. C. ULA: 30